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"*NEC TENUI PENNA.*"

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B. O. COWLING, A. M., M. D., and L. F. YANDELL, M. D.
EDITORS.

DOCTOR AND DRUGGIST.

There is quite a notable paper in a late number of the Boston Medical and Surgical Journal, on the Relation of Drug-manufacturers to the Progress of Therapeutics, from the pen of Dr. Robert T. Edes, the professor of materia medica in Harvard University. The question is a great one, and we might have been sure that Professor Edes would handle it well. He is of the opinion, which has no doubt found a lodgment in the minds of several others, that in certain things our pharmaceutical friends have rather overdone the matter, and that out of every fifty or so preparations which their skill has produced or their commerce demanded forty-nine or more could well be eliminated, not only without any hindrance to therapeutic truth, but to its absolute advancement.

This, however, is the smallest count which Prof. Edes has to make against our cousins. He could stand the making of medicine, but after that to be told by the manufacturer, through drummers and circulars, what to do with them stirs his gall indeed. "This growing custom," he says, "rises almost to the dignity of a deliberate insult to the profession, and its results are a distinct hindrance to the progress of rational therapeutics, like those of homeopathy or any other system which induces the laity and no inconsiderable part of the profession to believe that specific cures are yet to be found for all diseases if we look long enough." "Almost an insult," he adds, "because even a skillful

and honest chemist is not in a position to instruct us in pathology and prognosis; and the case becomes infinitely stronger when we have for our would-be teachers unskillful chemists and manufacturers anxious only to make money."

Then Prof. Edes takes a raking shot at the flimsy testimony upon which therapeutic values are reared, acknowledges what good the pharmacists have done in a legitimate way, analyzes the phosphoric "boom" that is progressing in a very masterly way, and closes with the sentiment that "when the pharmacist informs us of active principles or gives us preparations honestly representing a drug, he does good service; but when he tells us why they act or when they should be used he is going beyond his province. . . And when he imports into what should be scientific regions the manners and morals of trade, he becomes a distinct hindrance to the progress of therapeutics."

Of course we were interested in the paper of Prof. Edes, and are ready in a general and idealistic sort of way to indorse all he has said; but from a practical point of view there are several particulars with which we could find fault.

The invasion of the "vivacious young man" with equatorial part of hair and equilibric hang of tongue, who descants so glibly of sample and circular, does not annoy us in the least so long as he strikes during a moment of leisure—which sometimes occurs. It amuses us much to hear that he has fought his way under the very walls of Harvard. We take his talk and his testimonials for what they are worth, and upon the whole are quite as much impressed

with them as we are with much of that which is supposed to be based upon learned experiment.

We quite agree that "the study of drugs should begin with the medical profession," and are of the opinion that it does generally begin there, and that the manufacturer in the main but carries out or extends the idea which has been given him by the doctor, great or small. We wish there were sufficient doctors so great and so agreed that their word would silence the smaller ones; but it does not happen to be so, and after all the world wags on.

On one point Prof. Edes is wholly wrong. Among our "would-be teachers" he speaks of "unskillful chemists and manufacturers anxious only to make money." Now among all the crimes imputed to the maker of drugs poverty is one with which no one has yet dared to accuse him; and we will assert it on ordinary business principles that the manufacturer's chemist is the best the market affords, and we have no reason to believe that chemical talent is not and ought not to be for sale. As to the accusation "only to make money," we are quite certain that we know gentlemen engaged in drug-manufacture who are as anxious about their reputation as about their purse.

But it was not our intention to make any defense of the pharmacists on special points charged against them by Professor Edes, and he himself has made handsome acknowledgment of the good they have done for medicine; only we would urge something against the general spirit of the paper, which would ascribe science and progress and honesty to one side and only mercenary motives to the other. The comparison will not stand, and it is we that suffer by it.

There is a curious phase connected with this subject, and we will allude to it and close. It is the pharmacists who give the profession of this country at least the majority of its practical literature. It is not too much to say that but for their liberality in advertisement not only would the greater portion of the medical journals go under,

but not a single one could be maintained in any thing like its present proportions. The editor of the Boston Journal, in which Prof. Edes's paper was printed, made allusion to this fact when it was under discussion. If in that center of culture the money of the manufacturer is needed to eke out the subscription-list, what must be the case in less favored districts. We who are interested in journals will return thanks for small favors, and we of this journal at least will hope that when our pharmaceutic friends import into other parts of the profession the "manners and morals of trade" they will so put us all in a way of securing worldly goods that far from becoming a "distinct hindrance" they may speed the progress of therapeutic truth most joyfully.

THE British Medical Journal gives an instance where a farmer's wife obtained a set of false teeth from a dentist, who upon the refusal of the farmer to pay for them brought suit, and the county judge at Exeter, before whom the case was tried, released the husband from the debt upon the ground that they "were not 'necessaries' for a farmer's wife." We have heard considerable of the sad condition of the poor in Ireland, but we must think England is far more deplorable, since teeth have ceased to be regarded as "necessaries!"

Original.

LOCAL MALARIAL DISEASES.

BY W. D. HOLLEMAN, M. D.

In a former article, entitled A Summer and Winter Catarrh, I made some observations on the local malarial diseases, which were mostly of a catarrhal character, that had been prevailing in this locality during the present year up to that time (June 15th).

In this section of country during the present year malaria has been very prolific in generating its local disorders. It has also played an important rôle in aggravating, intensifying, and prolonging other affections.

The generally-recognized forms of mala-

rial disease—intermittent and remittent fevers—have, however, been less common this than in the preceding two or three years. The malaria has been of less intensity than usual, from the fact, I think, that we have had much less rain, and consequently less moisture. During the first half of this year the mucous membranes were more frequently affected than the other tissues. When this miasm attacks a mucous structure it is usually manifested in the form of a catarrh, but sometimes in the form of a hemorrhage.

During the latter part of last winter and the early part of spring this catarrhal affection was commonly localized upon the air-passages. The disease is usually ushered in by flushes of heat and cold, frontal headache, sneezing, sore throat, and more or less bronchial irritation. Aching pains in the back and limbs, or pain in the brow and back of the neck, or all of these, are frequent symptoms. The various forms of neuralgia are not uncommon. Numbness and tingling in the extremities and burning sensations in the skin are occasional symptoms. More or less mucus is thrown off from the membrane affected. Inflammation of the frontal and maxillary sinuses, of the lachrymal ducts and conjunctivæ, and of the eustachian tube and tympanum, may be primarily or secondarily associated with this catarrh of the respiratory organs.

About the middle of spring this catarrhal disorder began to assail the gastro-intestinal tract. From this time till about the first of July diarrhea was the prevailing type of this masked disease. It was usually preceded for two or three days by aching pains in the back and limbs, headache, slight cramping pains in the abdomen, indisposition to exertion, impaired appetite, and general malaise. Finally, the attack commences with chilly sensations, followed by flushes of heat, diarrhea, and sometimes nausea and vomiting. Febrile movement follows, which is never very high, the temperature being seldom above 103° . The urine is scanty and high-colored. The diarrhea is at first feculent and afterward becomes catarrhal. The evacuations are often streaked with blood and of an offensive odor. Tormina and tenesmus are generally present. This diarrhea occasionally terminates in dysentery. This, like other malarial diseases, is characterized by regular diurnal paroxysms. It is usually of the remittent type, but in some cases it is intermittent. It is very depressing in its effects, and is not well borne by the very young, the very old, or the debilitated. In

infants this affection closely resembles the inflammatory diarrhea of that age.

I have seen a number of cases of stomatitis and pharyngitis of malarial origin. This malarial affection sometimes localizes itself in the bladder and urethra as an irritation. This may be somewhat new to many readers, yet I have seen it verified time and again.

The following are the chief symptoms: A dull, deep-seated uneasiness in the parts; a frequent desire to micturate, with dysuria and general indisposition. Flushes of heat and cold are sometimes present. These symptoms, after having continued several hours, gradually subside, to reappear about the same period on the next day. This cysto-urethral affection is occasionally associated with some other type of malarial disease.

In women the uterus and vagina sometimes suffer from the effects of malaria, which is usually manifested by cramping pains in the womb, a sense of heat in the parts affected, and a discharge of mucus from the vulva. Those laboring under diseases peculiar to their sex, especially prolapsus uteri, the flexions and versions, and leucorrhea, are apt to suffer a great deal more from such maladies while under the influence of malaria. These affections are not only aggravated and intensified, but they take on a periodical character—an exacerbation recurring at a certain time every day. Pregnant females, when assailed by this malarial catarrh of the uterus and vagina, are threatened with abortion, and are apt to miscarry if not treated promptly and efficiently with antiperiodics. Puerperal women are sometimes seized with this masked disease, which in them presents the following symptoms: chilliness followed by flushes of heat, or in some cases a well-marked chill and fever; a feeling of lassitude, headache, loss of appetite, pains in the back and limbs, an uneasy sensation about the uterus; cessation of the lochial discharge and of the lacteal secretion. If measures are not taken at once to interrupt the disease it becomes rapidly intensified by each succeeding paroxysm. This disorder is generally of the remittent type. Sometimes peculiar chest symptoms arise during the progress of this affection simulating very nearly those of pulmonary embolism. The patient complains of dyspnea, precordial oppression, and of feeling "very strangely." She is pale and cold. These symptoms continue for a few hours, and then gradually subside, to return at regular periods.

Periodical conjunctivitis, stomatitis, and

pharyngitis were occasional forms of the disease during the summer and fall. Hemorrhage from the mucous membranes due to malarious intoxication is sometimes met with, especially epistaxis and menorrhagia. The acute dermatoses, excluding the exanthemata, have not been so common as in preceding years, yet those cases that have come under my observation displayed their periodical character, and yielded readily to antiperiodics. Enlargement of the cervical glands in scrofulous children have been more frequent this year than common. In some cases inflammation and suppuration take place. Malaria often acts as an exciting cause of this affection, as is shown by the regularly-recurring paroxysms.

Malaria appears to have a partiality for weakened tissues—due either to other diseases or to traumatisms. From what I have seen this year, as already intimated, even bone itself is not exempt from its action. The nervous system is peculiarly susceptible to the action of malaria. When this morbid agent attacks this system it produces a great variety of nervous disorders. Some of the more important neuropathies are occasionally simulated very perplexingly. We may have disturbances of sensation, or of motion, or of both in any of these cases. Neuralgia in its various forms is a very frequent type. Functional disorder of the pneumogastric nerves is not rare. I saw one case in which the phrenic nerves were involved, as shown by the rapid contractions of the diaphragm. In this case there were severe pains in the brow and back of the neck. Vasomotor disorders are common.

The law of periodicity is observed by all of these local malarial diseases. Sometimes their periodic character is more or less hidden. The tongue is always pale, generally large, flabby, and indented by the teeth. The complexion is usually anemic. The urine is generally scanty and high-colored. Febrile movement is not always present. It depends upon the intensity of the malarial poison whether this symptom be present or absent. These diseases have a tendency to return on the seventh days.

It is almost unnecessary for me to enter into the treatment of these malarial diseases. "First find the cause, and then treat the disease with reference to it." Quinia, or the other alkaloids of Peruvian bark, in full antiperiodic doses, given with reference to the paroxysm, rarely fails to interrupt the disease at once. This should be continued two or three days in the more obstinate cases.

Opium, camphor, and ipecac are valuable remedies in certain cases. Cathartics are sometimes indicated. In some cases stricnogens are required. Iron and the bitter tonics are very useful. In some instances stimulants and a nutritious diet form an important part of the treatment.

When speaking of the causative relation of malaria to the acute skin-diseases, Prof. L. P. Yandell says: "*What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body.*" This statement my observations prove to be entirely correct.

GLENFAWN, TEXAS.

Correspondence.

LONDON LETTER.

FROM OUR OWN CORRESPONDENT.

To the Editors of the Louisville Medical News:

Since I last wrote to you we have had some interesting debates and discussions in the medical world upon subjects which are likely, I think, to interest all surgeons. Antiseptic surgery has for the first time almost in London been very seriously debated. The position here in respect to antiseptic surgery is personally as well as scientifically interesting. For many years Mr. Lister's methods and proceedings attracted but little attention here, or perhaps such attention as they attracted was rather by way of disapproval and negation than acceptance. The results of surgical operation had been, as you know, extremely good for many years in the London hospitals, and not only so, but progressively improving. Moreover, our London surgeons, although among them are to be found men of the very highest practical skill, very great ability, and much initiative power, are not for the most part either so deeply read as the physicians or so disposed to seize the scientific aspect of any proposition submitted to them. Lister and his germs, Pasteur and his *microbia*, Sanderson and his "culture-fluids" of infective organisms were ranked together as among transcendental excesses of research, which had only a remote relation to true British practical surgery. When Mr. Lister, at the annual meeting of the British Medical Association at Plymouth six years since, and subsequently at the meeting of the association at Edinburgh, demonstrated blood-clots

organizing under antiseptic precautions without any suppuration; when he showed psoas abscesses, which had dried up after being opened without giving any more pus, those who saw were impressed; but as they were chiefly country surgeons and general practitioners who crowded to these demonstrations, the great stolid mass of British surgery, as represented by metropolitan and leading provincial names, was but little affected. Nevertheless it was influenced in its own way. It was stimulated to show that as good results as any that could be boasted by Lister, or by any of his followers, could be obtained by what we English love to call "common-sense" methods; for there is always a lingering feeling, even in the mind of the British man of applied science, that common sense is something else than an intelligent application of accurate knowledge, and is a sort of inherited special sense developed in the insular brain of the true-born Englishman. This mode of receiving Lister's doctrines was characteristic of English sturdiness, and has been useful enough. It led Savory and Callendar and the other surgeons of St. Bartholomew's Hospital to see whether, by minute attention to the details of the existing methods, they could not get as perfect results as Professor Lister with his new-fangled spray and gauze. It is unnecessary for me to repeat the now well-known Bartholomew statistics, which have demonstrated that in a hospital well officered, well constructed, richly supplied with material for nursing, under the charge of medical assistants drilled to scientific cleanliness, under a system of dressing in which each patient is, so far as all applications or instruments of application are concerned, practically isolated, results may be obtained which at first sight appear hardly distinguishable from those of which antiseptic surgery can boast. Indeed antiseptic surgery, in what these gentlemen were pleased to consider its common-sense aspects, was eagerly adopted. Holmes, Callendar, Hutchinson, and Bryant within the last few weeks, at a branch meeting of the British Medical Association, claim for themselves that they are antiseptic surgeons in a certain sense, because they use antiseptic applications for their wounds; and so of course they are to that extent. They frankly admit that their practice has been largely modified and greatly improved by the influence of Lister. On the other hand, priding themselves on this success, they had until lately preferred to consider that the gauze and spray methods were rather the

toys of a philosopher than the instruments of a surgeon. And this view was a blessing to the Philistine stolidity of the British mind, and prevailed pretty generally throughout the metropolis until last year.

When we read here of the enthusiasm of Nussbaum, of the effusive welcome which Volkmann of Hallé, Hueter of Griefswald, Langenbeck of Berlin, Esmarch of Kiel, Socin of Basle, Koch, and so many other great surgeons of the Continent had given to the "Listersche verbandung," London hospital surgeons were apt to smile at the enthusiasm of the benighted foreigner, who was now learning for the first time the virtues of cleanliness, and beginning to appreciate what Englishmen mean in christening a "filth-disease" the majority of hospital disorders which have for the last half century made the hospital records of Germany and France present so terribly black rolls of deaths when compared with the progressively lighter death-rates which have now for a half century prevailed in English and American hospitals. The Londoner laughed and said, "The Germans are learning to be clean, and the French are beginning to understand the use of water and of isolation; and at least Lister has taught them to avoid 'filth-diseases.'"

It was indicative of the retention of this attitude of mind even up to the last moment that at the last meeting of the British Medical Association, in Cork, Mr. Savory, of St. Bartholomew's, who delivered there a great philippic against Listerism, referred scornfully to the German professor who, before he practiced ovariectomy in a great lying-in hospital, had gravely informed us that since adopting Listerism he insisted upon all his assistants changing their clothes and thoroughly washing themselves before going to an operation, and that he himself always took a bath that morning. Mr. Savory, however, omitted the point of the precaution, which was that the washing had included the use of carbolic solutions, and that as the result of the adoption of this precaution and of the use of the carbolic spray the mortality of ovariectomies performed by this professor (Professor Schroeder) had been brought down from seventy-five per cent of mortality to seventy-five per cent of recoveries on a series of cases which has already extended over a hundred, and operated on in a lying-in hospital where there are all the chances of puerperal infection.

The attitude of metropolitan surgeons has, however, been rapidly changed since Mr.

Lister came among them. This interesting event has no doubt had a palpable effect on the prospects of antiseptic surgery in London, and therefore apparently increased the prospects of the recovery of several classes of serious surgical affections. Mr. Lister's advent to London was not effected without difficulty, and the history of it deserves to be briefly recorded as one of the events that will one day take a place in the medical history of the country. Upon Sir William Fergusson's death King's College, which had for some time felt itself to be rather falling into the wake of some of the greater hospitals which had pushed on rapidly ahead, felt that it had sustained a great, if not an irreparable loss for its school in the removal of so celebrated a teacher. Considerations of seniority demanded that Mr. John Wood should succeed Sir Wm. Fergusson. Upon the other hand, larger considerations of the interest of the school and the college demanded that Sir William Fergusson's place should be filled by a man of European reputation, if such could be found to accept office. The British Medical Journal at once announced that it was probable Mr. Lister would be invited. This bold declaration, in which the wish was father to the thought, created much consternation on the surgical side of the hospital. The medical side of the hospital and school and some surgeons at once hailed the suggestion as one likely greatly to benefit their school, and members of the staff opened communication with the editor to ascertain whether they would receive firm support against the opposition sure to arise to such a proposition. A considerable struggle followed within the governing council. Mr. Lister was invited; but now fresh difficulties arose. Mr. John Wood's friends complained that it would be a very great slight to him if any one were put over his head, and that Lister could not be expected to come in as junior to Mr. Wood. Mr. Lister himself raised no difficulties on the score of seniority, but only insisted that he should have certain wards set apart for him, and an administration set apart which would effectually carry out his antiseptic system; that he should have the opportunity of giving clinical instruction; in fact, in the spirit of a true man of science, he asked only for scientific facilities. Strangely enough, some of the leading surgeons in London were induced to address letters, which were shown to the council, in which they insisted on the great injustice which would be done to Mr. Wood if Professor Lister were invited

to King's College; and the Lancet, taking the same side of the question, opposed Mr. Lister's invitation. However, the cause of reason and progress prevailed. Mr. Lister, who is a man of large fortune as well as of large mind, surrendered the position which he occupied as surgeon to the queen, successor of Syme in the Infirmary, and Premier-surgeon of Scotland, and came up to London in order to be seated in this great center of scientific activity in Great Britain, and to be able to pursue his studies and to do his work at the very center of surgical activity. Here, as he felt, his teaching and his doctrine could be most widely criticised, and would be most likely to be fruitful.

At first it was thought that his advent had made but little difference. London had not been taken by storm; and when Lister came to London, as when Louis Philippe went to France, there was only one surgeon the more. But a little leaven has leavened the whole. McCormack, of St. Thomas's, up to that time a disbeliever in the special merits of the antiseptic method, convinced by the remarkable cases which he had seen and of which he heard at King's College, set to work antiseptically at St. Thomas's. Meantime Lister astonished the town and even created some scandal by extraordinary operations, such as cutting into a knee-joint with comminuted fracture, removing the broken pieces of patella, bringing the fragments together and closing the wound, after washing out the joint with carbolic solution, the result being sound union within three weeks, with good movement of the joint. In another case he unhesitatingly excised the clavicle and a portion of the first rib for exostosis, opening the cavity of the chest without fear. This case also recovered rapidly and healed by first intention, with rise of temperature, the patient doing perfectly well. Cases of psoas abscess connected with caries of vertebrae were opened with free issue of pus, but without any subsequent suppuration, and followed by a radical cure. These and other cases of the kind served to indicate to those who cared to see that what Mr. Lister had to show was not merely improved statistics, but new powers of healing; the means of dealing with cases which up to this time had been the dread or opprobrium of surgery, and the means of avoiding risks which previously seemed not only inevitable, but beyond the fair chances of operation.

Three weeks since a great discussion was announced on antiseptic surgery, at which Mr. McCormack was to give his results. A

week prior to the meeting, and in order to afford some statistics for which surgeons had at various times asked, Mr. Lister published a series including all the joints which he has opened for the last three years—forty-three cases in all—all recovering. In a number of these cases the joints were healthy, but had been cut into for the removal of loose cartilage. Others were the result of accident of various kinds; in all the opening of the joint which would affect without producing constitutional reaction, elevation of temperature, or septic fever. These records were drawn up by Mr. Watson Cheyne, Mr. Lister's assistant, and published in the *British Medical Journal* of December 30th. Mr. McCormack had to show a not less brilliant result. Comparing his own experience at St. Thomas's since he had adopted antiseptic treatment with the results which he had obtained before, he was able to show that there had been no mortality in cases of compound fracture during the whole eighteen months, and that the antiseptic cases upon an average were under treatment in hospital for a period little more than half the length of time of the others. The operations for opening joints had been equally free from mortality; and here Mr. McCormack quoted Larrey's collection of a hundred and thirty-five cases of operation for removal of movable bodies in the knee-joints, with thirty-three deaths, or twenty-two per cent. Prof. Esmarch wrote to McCormack, on the 10th of November last: "The practice of antiseptics is now so perfected, especially by the introduction of decalcified-bone drains, that most of our large operation-wounds—such as amputation of the thigh, extirpation of the breast with cleaning out by the axilla, the extirpation of glandular masses of the neck—healed with the first intention and in a single dressing, without a trace of suppuration or wound-fever. Since antiseptics our ovariectomies are incomparably better. In the previous year I lost one case in eight operations, and have since had nine which recovered in succession, most of them very severe cases. My assistants have now very little to do during the healing, but the first dressing takes much time and requires great care." Volkmann has treated at Hallé seventy-five cases of compound fracture during the last four years and a half by the antiseptic treatment, without one death. Mr. Lister himself, in his subsequent speech—to which it is impossible for me to do justice here, but which will be found at length in the *British Medical Journal*, together with the

speeches of Holmes, Sir Jas. Paget, Hutchinson, and Spencer Wells—went over the whole ground of antiseptic surgery—its principles, practice, and statistics—in his hands, and produced figures which showed that his mortality in the whole six years was considerably less than that at St. Bartholomew's, good as the latter results were. He added that he claimed for the antiseptic method not only the diminution in the mortality following surgical operations and surgical injuries, but also that it introduced a new principle in treatment which rendered the sequel of injuries and operations less protracted, less morbid, less liable to intercurrent disease, and less subject to collateral and consecutive disaster. His patients suffered from no protracted suppuration, and they rose earlier from their beds. They incurred less risk from constitutional disease. Diathetic influence might more often be disregarded where operation was in itself desirable for the life or welfare of the patient. Antiseptic surgery was to be judged not only by statistical methods—which were full of fallacies, but which nevertheless told strongly in favor of it—but also by clinical observation.

Mr. Spencer Wells took part in the discussion, and bore a most emphatic testimony to the value of Lister's methods. Mr. Wells had previously stated, at a meeting of the Royal Medical and Chirurgical Society, that his success, which has been steadily improving from a mortality of thirty-four per cent to an ultimate mortality of ten per cent, has, since he adopted antiseptic precautions, increased in a much greater and more rapid proportion than previously. He had gone over the eighty-four cases in private practice which he had before commencing antiseptic surgery by the use of carbolic acid, and compared with the eighty-four cases which had followed since. The results were startling. Prior to adopting carbolic acid there were twenty-one deaths in his eighty-four private cases, leaving only sixty-three recoveries. Since adopting the carbolic acid there had been only six deaths in the last eighty-four cases, making seventy-eight recoveries. Since he had been quite accustomed to all the details of the system he had had now the long run of thirty-eight cases without a single death; and adding to that five more cases of ablation of the uterus and other similar important operations, he might mention that his last forty-three cases had all been successful.

So remarkable a statement was not with-

out its effect. Mr. Holmes, however—who is one of the most conservative of London surgeons, and though one of the most amiable of men, has an especially pugnacious, dry, and provocative manner of stating the rather strong opinions which he is apt to hold—varied the monotony of admiration of the Listerian methods by declaring that Mr. McCormack's figures were worth nothing; that in fact such tables were simply waste of time to those who prepared them and those who read them. If statistics were to mean any thing, they must show the comparative results of precisely similar operations, in the same hospital, under similar circumstances, by surgeons observing the different methods. Oddly enough, this evidence also was immediately at hand; for Mr. McEwen, President of Glasgow Infirmary, has now furnished the reports of all surgical cases treated within the wards of that great hospital from the time that Lister introduced there the antiseptic methods. These figures show a steady and progressive diminution in all the wards of the hospital and under all the different methods corresponding to what has been observed here and elsewhere; viz. that the strict attention to cleanliness and general use of antiseptic solutions, which has been adopted by all surgeons since Lister forcibly drew attention to the subject, has tended to diminish the surgical mortality throughout all the hospitals of the world, whether the Listerian or other methods of cleanliness and antisepticism be employed. But alongside of and together with this progressive diminution in mortality the figures showed that the mortality was exactly one half in the wards in which strict Listerian precautions were adopted. These figures were made up by the medical superintendents of the infirmary, at the request of the managers, who were opposed to the Listerian method by reason of its supposed costliness. They were submitted to each of the surgeons in turn, and no objection was made to them. Since their publication Mr. Morton, one of the surgeons, has challenged them; but his challenge does not seem to have any other than a personal basis.

Other professional discussions of interest have taken place, especially a meeting, three times adjourned, in which the leading English authorities have taken part, on the question of vaccination from the calf as a substitute for or as a supplement to arm-to-arm vaccination. This I must reserve until my next letter.

LONDON, December 30, 1879.

Reviews.

Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P. Third American edition, revised and corrected by the author. With notes and additions by ROBERT P. HARRIS, M.D. Philadelphia: Henry C. Lea. 1880.

That this work of Dr. Playfair has reached its third edition since 1876 is a sufficient testimonial of its worth. Many things have been altered in this edition, not, however, enlarging the book. The omissions made by the author have been filled in a most interesting manner by the American editor. To the chapter on Forceps Dr. Harris has added ten pages replete with useful information. To the chapter on Cesarean Section, an operation which Dr. Playfair considers "almost a forlorn hope," Dr. H. has added five pages of remarks upon carefully-collated statistics,* proving that the mortality from this operation is decreasing rapidly every year. Dr. Playfair is very minute in speaking of *the preparation of the patient for the operation*, to which Dr. H. adds the following: "In the United States, where osteomalacia has upon no one occasion been the cause of deformity requiring the operation of section, the patients are generally in a fair condition of health, although not usually either strong or plethoric. So far from there being an opportunity to put them under preparatory treatment, the trouble is that the operator seldom sees them until entirely too late." Dr. H. also states that the bromide of sodium is far preferable to potash for allaying nervous headaches.

Thus, by undergoing critical examination and revision by two such able men as the author and the American editor, this volume is rendered a valuable text-book that is fully up to the times. Both practitioner and student will find in it a concise book of ready reference.

First Step in Chemical Principles: AN INTRODUCTION TO MODERN CHEMISTRY. Intended especially for beginners. By HENRY LEFFMANN, M.D., Lecturer on Toxicology in Summer School of Jefferson College, etc.

"My purpose," says the author of this little book, "is to make clear, by elaborate explanation and illustration, the points in theory, notation, and nomenclature which give trouble to beginners." It is written in a plain, comprehensive style; contains only fifty-one pages of clear type, divided into

*See American Journal of Obstetrics, January, 1880.

chapters on *atoms and molecules*, notations, nomenclature, atonicity, electrical relations of elements, reactions, hydrates and anhydrides, quasi elements, etc.

To the student, before beginning the more elaborate works of Fowne, Attfield, etc. this work will lend great assistance, and we would therefore cheerfully recommend it.

Formulary.

PREVENTIVE FOR CHAPPED HANDS OR CHILLBLAINS.

Borate of soda.....	15 parts;
Alum.....	10 "
Benzoin.....	10 "
Mustard.....	60 "
Iris root.....	50 "
Bran.....	200 "

Mix with a little water and use after washing.

OINTMENT FOR CHAPPED HANDS.

White wax.....	16 parts;
Linseed oil.....	30 "
Tinct. benzoin.....	16 "
Glycerin.....	q. s.

Apply morning and night.

—*Le Progrès Médical.*

Books and Pamphlets.

RESPONSIBILITY RESTRICTED BY INSANE DELUSION. By T. L. Wright, M. D., Bellefontaine, Ohio. Reprint from Cincinnati Medical News, November, 1879.

ANNALS OF THE ANATOMICAL AND SURGICAL SOCIETY. Vol. I, No. 1, January 1, 1880. Monthly. Edited by Chas. Jewett, M. D.; associated with E. S. Brinker, M. D., G. R. Fowler, M. D., L. S. Pilcher, M. D., and F. W. Rockwell, M. D. New York: G. P. Putnam's Sons, 182 Fifth Avenue.

THE ALIENIST AND NEUROLOGIST: A Quarterly Journal of Scientific, Clinical, and Forensic Psychiatry and Neurology. Intended especially to subserve the wants of the general practitioner of medicine. Vol. I, No. 1, January, 1880. Edited by C. H. Hughes, M. D., and an associate corps of collaborators. St. Louis: E. R. Carreras, printer, publisher, and binder. 1880. Terms, \$5 per annum.

PARACENTESIS OF THE PERICARDIUM: A Consideration of the Surgical Treatment of Pericardial Effusions. By John B. Roberts, A. M., M. D., Lecturer of Anatomy in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, Fellow of the Philadelphia Academy of Surgery. With illustrations. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton St., Covent Garden. 1880.

The Louisville Medical News.

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Miscellany.

LEGAL POISONING.—We are somewhat reluctantly induced to publish an account of a case which is of the greatest moment to the public and to the profession. The facts are these (Medical Times and Gazette): An American lady, two years back, applied to a well-known West-end physician. She was supplied with two prescriptions; one for a pill containing one grain of opium, another for a mixture of chloral and bromide, ten and fifteen grains respectively. Neither of these doses could for a moment be called excessive, and the mixture was only to be taken at bedtime. But what was the result? Once in possession of these documents, the unfortunate lady set herself to work to procure unlimited quantities of the two medicines by making use of the same prescriptions over and over again, first at one shop and then at another, often procuring double quantities. Death and an inquest followed. Once, apparently, procure a prescription for any noxious or poisonous drug, for whatever purpose, and ever after this same drug is at the command of any one who may be able to lay hands upon the prescription! There are frequently ordered mixtures containing such substances as aconite, strychnine, prussic acid, or belladonna, to say nothing of opium, which once out of the physician's hands are at the will of the world. Nay, more, it is a well-known fact that if a certain prescription has done good to one, it may be circulated among the members of the family or kindly friends in the neighborhood. Surely under such circumstances it is grossly unfair to hold a physician answerable for what may happen. Were the property in the prescription vested in the physician, such things could not occur. Were medicines dispensed, as in olden days, by the practitioner

ers themselves, that could not occur. The mischief arises solely from the hiatus which now exists between physicians and chemists, whose interests, taking this case for example, do not seem to be identical. The physician would prefer to give a fresh prescription and receive a fresh fee; the chemist undertakes to save the physician's guinea to the patient by constantly dispensing the same prescription; and if one will not do it another will.

COLLECTING BILLS.—Further steps toward making this a more practicable and easy process are being taken among the profession in the West (New York Med. Journal). The physicians of Quincy, Ill., have adopted a series of resolutions by which they agree to render their bills monthly, and employ a common collector, who will keep a delinquent-list for the benefit of his patrons.

DR. WARLONT'S VIEWS UPON ANIMAL VACCINATION.—Condensed from the Medical Times and Gazette: "In my view animal vaccination should have no tendency to forcibly supplant vaccination from arm to arm. They are in fact two sisters, and must not be separated. . . Vaccination from arm to arm, strong in its ancient rights, is and will long remain the greatest strength against smallpox, and nothing ought to be omitted to encourage and regulate it. Animal vaccination ought now only to be its faithful auxiliary, but an auxiliary so useful that it would be as unjustifiable to pass it by as to desire to upset suddenly the classical method." Dr. Warlont does not believe that lymph degenerates by passing repeatedly through the human body. He admits that he did himself, some years ago, bring forward the idea that the vaccine lymph may deteriorate after long humanization; but, he says, at the present time nothing proves to him, nothing tells him, that lymph can degenerate. The assertion that it deteriorates has been made, but its truth has not been proved; and he pertinently inquires, "Have smallpox or syphilis lost their vigor by lapse of time?" Of the possibility of the transmission of syphilis by vaccination there can be no doubt, and such a possibility assuredly ought to be guarded against.

NOTES ON QUININE.—The consumption of quinine for the past year is estimated at 220,000 pounds, valued at \$9,600,000. The United States takes over 88,000 pounds, nearly two thirds being home manufacture.

HAY ASTHMA.

Maudie Muller, on an August day,
Took the fever called the hay.
Sneezing she went, and her shrill ah-chee!
The mock-bird echoed from the tree.
The judge rode slowly down the lane,
Smoothing his chestnut horse's mane,
And drawing his bridle in the shade,
With a sternutation greeted the maid.
He spoke of the grass and flowers and trees,
The pollen from which makes asthmatics sneeze,
And Maudie forgot her swollen nose
And even her graceful bare, brown toes,
And listened, while a pleased surprise
Looked from her watering hazel eyes.
At last, with a wild ah-chee! ah-chay!
Ah-choo! ah-chaw! he rode away.
Maude Muller looked and sneezed, "Ah-chee!
That I the judge's bride might be!
He would dress me in silks and diamond rings,
And take me up to the White Mountings.
And I'd use the finest white *mouchoir*,
And never have hay fever thar."
The judge looked back as he climbed the hill,
And heard her sternutations shrill.
"Would she were mine, and I to-day
Were rid of this dab feber of hay!"
Then blowing his nose the judge rode on,
And Maudie was left in the field alone.
Then she took up her burden of life anew,
Sneezing softly, "Ah-chee! ah-chapo!"
Of all sad words of tongue or pen,
The saddest are, "Hay-fever time again!"
Ah! well for us all that a region lies
Where the infusoria never rise;
And in the hereafter angels may
Find a cure for the fever called the hay.

—New York World.

WHY A LADY DID NOT ATTEND THE GRANT RECEPTION IN COUPÉ No. 92.—The following incident, which was recorded in the Louisville Sunday Argus, will no doubt be of much interest to our obstetric readers: An incident that occurred in connection with General Grant's visit to this city is worthy of being chronicled, since it is illustrative of the characteristics of two entirely distinct animals, the Celt and the horse. A lady of this city desired to attend the Grant reception at the Galt House, and for that purpose ordered a coupé. The vehicle arrived, and the lady sent her daughter to examine and report upon its appearance. The little girl brought word that the coupé was nice and bright, but the horse looked rather distressed. Mrs. ——— concluded that as she intended to ride in the coupé and not on the horse, the condition of that animal was not material to her comfort, and so continued her toilet. Presently there was a knock at the door, and a voice, which seemed to come through the key-hole, inquired, "Be you the mishstress as has ordered number nointy-two?" The lady replied that she was

the person in question, and desired to know what was the matter. "Matter, is it?" replied the Irishman; "bedad, since the lavin' of me sainted muther in the city of Kilmallock, in the county of Limerick, adjinin' Kerry, there niver was sich a accidint. My mare, Kitty, overcome wid the excitement o' the day, has laid down before yure door and foalded pramaturely! And the obstinate baste utterly refuses to move a shtep for yez or Grant or iny other divil!"

HOG-CHOLERA.—Dr. Kinsman (New York Med. Journal) has been making an elaborate study of this disease, by which he states that twenty million dollars are lost annually in the United States. He concludes that the affection is a specific, contagious disease, peculiar to the species, and always accompanied with extensive peritonitis. It is not, as has been claimed, any form of anthrax or typhoid fever.

THE mortuary report of the Health Officer of Louisville, Dr. Montgomery, for the year 1879 (population 175,000) shows the total number of deaths for the year to be 2,410. Consumption, the leading cause, numbers 399; pneumonia, 201; meningitis, 84; typhoid fever, 75; diphtheria, 52; smallpox, 0.

VARIOLA inoculation was introduced at Haverfordwest in 1733. It was first tried on criminals in 1727.

Selections.

A Case of Ear-sneezing, by Jas. Russell, M.D., is reported in the British Medical Journal of December 13, 1879.

An explanation of the prominent phenomenon in the following case, viz. the constant attacks of sneezing through two days and nights, occasioned apparently by acute inflammation of the middle ear, will be found in a short paper by Dr. Lockhart Clarke on the Phenomena of Ear-cough, in the number of this Journal for January 15, 1870. Were argument needed for transferring the reasoning therein from the process of coughing to that of sneezing, the concluding sentence of that paper would afford it: "With regard to the anatomical connection and the mechanism by which I have shown that impressions made on the vagus and on the incident fibers of the trifacial and spinal nerves may call into action the whole class of respiratory muscles, see my memoir." It appears also that some sudden change within the cavity of the tympanum in my patient, a change followed by instant deafness, acted upon the heart, through the inhibitory influence of the vagus, and produced fainting. It is also worth noting that there was no vertigo present, the labyrinth having probably escaped. I have

commented on another occasion upon the distinction between vertigo and fainting, in connection with a case of the so-called gastric vertigo.

A man, aged fifty-six, of nervous temperament, an out-patient of the Birmingham General Hospital, was in his usual health a fortnight ago, when he was suddenly taken with "a kind of gaping and sneezing;" the gaping seemed to come from his heart. The sneezing was incessant during the next two days and nights; "he could not tell the quantity of times he sneezed." At last, in the afternoon of the second day, after a dreadful sneezing fit, he tumbled down, and was unconscious for two or three minutes; on recovering he was completely deaf, so much so that, not knowing what had happened, and crossing the street soon afterward he narrowly escaped being knocked down by a passing vehicle. On the following afternoon he began to hear on the left side, but the sound seemed "to come the contrary way;" if from the front, it appeared to come from behind; if it started from one side of the street, it appeared to come from the opposite side. Ever since, he has been "in agony" from a thumping through the ears, like a pulse beating very quickly, with a constant whizzing and a flutter in the ears. When the thumping ceased "it was like a toothache behind his ears." He has not had any cough nor vertigo whatever. Dr. Malet, our house-physician, examined the ears for me, and found the left ear full of wax; this having been removed, it appeared that both tympana were acutely inflamed at the attachment of the ossicles, the right very severely, being almost in a state of suppuration. After syringing, I found that the patient distinguished a faintly-ticking watch only within three quarters of an inch of his left ear; a loudly-ticking watch, at eight inches. On the right side he heard nothing, even when the watch was applied to the ear or to the cranium.

Remarks on the Routine Use of the Ophthalmoscope in Cerebral Disease.—Edinburgh Medical Journal: In this pamphlet Dr. Hughlings Jackson again draws attention to the importance of ophthalmoscopic examination in cases where symptoms which might be referable to cerebral disease are present. The habit of examining the optic discs in all such cases is the more important, as frequently no clue is afforded by the state of the patient's vision, which may be perfect even although an evident and even an extreme degree of optic neuritis exists. This fact the author not only strongly insists upon as a conviction derived from his own extensive observations, but quotes like statements from the writings of Graefe, Manthner, Liebreich, Carter, Wecker, Albutt, and others. He relates a case in which tumor and cyst of the right lobe of the cerebellum was found after death, and remarks: "For some time this patient had only three symptoms, the three so often found together, viz. headache, vomiting, and double optic neuritis. Now, at the most important stage of the case the third symptom (optic neuritis), as I have said, would not exist for those who do not use the ophthalmoscope *by routine*. Without it the diagnosis would have been erroneous. It is true that from very severe headache and vomiting we may *guess* intracranial tumor; but who *would ever* guess it in a perfectly healthy-looking, blooming girl, who was in good flesh, and occasionally apparently absolutely well. This, indeed, is the *beau-ideal* of a case to be mistaken early in its course for 'disease of the liver.' How often do we hear of amaurosis caused by 'bil-

ious fever! To encourage such a mistake was the fact that the girl had always been subject to 'bilious attacks.' Another mistake would be hysteria. Of these mistakes neither could be made if the patient's optic discs were looked at. We did look at them, and from what we saw we were absolutely certain that there was intra-cranial disease, and we predicted tumor." With reference to the treatment of optic neuritis when taken in time, Dr. Jackson says: "In all the cases I have seen of recovery from optic neuritis, the patients had taken large doses of iodide of potassium. Whether they would have recovered if left alone, that is, whether sight would have failed, I can not tell. My belief is, however, that iodide of potassium administered in the earliest stage of optic neuritis would save many from blindness. It can, of course, do no good for the tumor, unless it be syphilitic, but it does, I think, for the inflammation of the optic nerves."

Double Vagina and Cervix Uteri.—Dr. Blackwood reports a virgin who had two vaginæ and two openings into the womb; that on the right side at an angle of about ten degrees, that on the left at twenty degrees, each pointing outward to the right and left. Each cervix was normal in shape and size, and patulous to the os uteri. The body of the uterus seemed to be normal in shape and size. It was freely movable and not tender. The right cervix was dilated, and the sound entered to the fundus, two and a half inches. The left cervix was afterward dilated, and the sound indicated two and three fourths inches, a difference of quarter of an inch, due probably to the elongation of the cervix from dilatation. A complete septum divided the cavity of the womb. The lady was regular, but at alternate months there was considerable pain, which was always upon the left side. Careful examination during the menses showed the flow to be unilateral and from different sides each month, except once, during thirteen months' observation.—*Philadelphia Medical Times.*

Intra-uterine Vaccination and Smallpox.—From the British Medical Journal.

In a note on this subject in the Journal for November 22d, reference was made to the case of intra-uterine vaccination quoted by Dr. Bollinger as recorded by Dr. A. S. Underhill of Great Bridge. It may be of interest to state that this case was one in which a lady, revaccinated when eight months pregnant, the resulting pocks being very large and full of lymph, was delivered of a child which was vaccinated at the age of three months with fresh carefully taken lymph. No effect whatever was produced on the arm; and, about a month afterward, the child was again vaccinated, particular care being taken to well rub in the lymph; but the result was again unsatisfactory. Dr. Underhill's explanation was that the vaccine virus, thoroughly pervading the system of the mother, had directly influenced the child, and made it not susceptible of taking again the virus. To this view Mr. Burton of Birmingham objected (*Journal*, Vol. I, 1875), observing that, when he had charge of the Birmingham Smallpox Hospital, he practised vaccination in several instances upon women at various stages of pregnancy, and he had not a single case of unsuccessful vaccination among the children.

An analogous case of a somewhat striking kind, though relating to variola instead of vaccinia, is recorded by Dr. Cory in the last volume of St. Thomas's Hospital Reports. A woman gave birth, on Decem-

ber 14, 1877, to a child at full time. On June 13th previously, and consequently when about four months pregnant, she had been admitted into the Smallpox Hospital at Hampstead, suffering from an unmodified attack of smallpox. On May 21, 1878, she brought her child to the Surrey Chapel station for vaccination. She was then deeply pitted, and had lost most of her hair. The child showed no evidence of having had the disease. It was vaccinated, with the result of having five good characteristic vesicles, which went through a regular course, except that the areola on the eighth day was well developed.

Electricity in Amenorrhea.—Electricity Dr. Golding-Bird considers the only direct emmenagogue we possess, and that it always excites menstruation where the uterus is capable of performing that function. Electricity is especially valuable as an emmenagogue in young women, where the menstrual function has not yet been fully established in consequence of a torpid state of the vasomotor nerves of the ovaries and uterus; and also when the catamenia have been suppressed after labor, or in consequence of a chill or emotion.—*Eclectic Medical Journal.*

Phlebotomy in Dermatology.—British Medical Journal: Certain skin-diseases are relieved or cured by bloodletting when other remedies fail. For instance: an elderly gentleman, formerly a great sportsman, and accustomed to good but not extravagant living, was attacked when near seventy years of age with a most troublesome form of eczema (*rubrum*), which soon became the torment of his life, allowing him no rest either night or day, and was repulsive to his natural sense of cleanliness and neatness of person. He was treated for some time at home without relief, and then went to London, and was under the care of one or more of the most famous dermatologists then in town for several weeks; he returned home without having received any permanent benefit. He became almost worn out with irritation and disappointment, when it occurred to a neighboring retired medical man that it might do good to bleed him, and to this he consented; but at first no blood would escape from the wound, afterward a little flowed of the consistence of thick treacle, and at last some of a more fluid character was obtained, with the result, in short, of a complete cure. He lived to be eighty-two years of age, and never had any return of his skin-disease.

Ambrosia Artemisifolia a Remedy for Rhus-poisoning.—J. A. Zabriskie (*New Remedies*): Take of the fresh leaves any convenient quantity, bruise them, and apply the juice that exudes from them to the surface of the parts affected with the poison, rubbing until the skin is discolored, when almost instant relief is felt.

Gleet.—We agree with Dr. Will (*Edinburgh Med. Jour.*) in recommending as the best and safest of all remedies for the cure of gleet "the passage once or twice a week of a cold, well-oiled metallic bougie, combined with the internal use of cantharides or ergot."

Balsam of Peru in Pruritus.—Dr. Auerbach, in *Deutsche Med. Woch.*, has for some time treated pruritus by this substance, and with the greatest success. After the first rubbing in to the part great relief is obtained. Cure results in a few days.